### SUMMER RECREATION 2011 Playschool Form

Listed below is information for the PLAYSCHOOL program which is sponsored by the Village of Trumansburg and held at the Trumansburg Middle School:

| Dates (<br>Times:          | weekdays):9   |   |                                  |  |
|----------------------------|---|---|----------------------------------|--|
| Ages:                      | Sc  | chool age (entering in the fall)                              |                                  |  |
| Place:                     | Tr  | umansburg Middle School                                       |                                  |  |
|                            | r:A   | ngela McLennan (387-5088)                                     |                                  |  |
| Activit                    | ies:A   | rts & Crafts, Playground game                                 | es, Sports, Fiel                 | ld Trips, etc.                               |
|                            | lations: W  |   |                                  |  |
|                            |   | rumansburg Central School Wo                                  | ebsite by 9:00                   | am   |
| Registr                    | ation: Fo   | orms with correct fees sent to:                               | Tom Major                        | ·  |
|                            |   |   | Box 176                          |  |
|                            |   |   | Trumansbur                       | g, NY 14886                                  |
|                            | ne for registration is June 20 <sup>th</sup> . After that check fee is \$15.00  | date, add \$5.00 for late fee. N                              | o refunds afte                   | r the program starts.                        |
| money<br>review<br>childre | rships: Are available on a limited basis. A Early applications are recommended. A ed. Applicants will be notified as to the an attend program. Application forms are at person: Tom Major (387-6127). | wards will only be made after<br>mount awarded. Balance of fe | all informatio<br>es, after awar | n is received and<br>ds, must be paid before |
|                            | Detach and  | return (save above information                                | 1)                               |  |
|                            | PLAYSCHO  | OOL REGISTRATION FORM   | 1                                |  |
|                            | Name of Child   | Birth Date  | Age                              | Phone  |
|                            | Address   |   |                                  | Zip Code                                     |
|                            |   |   | E d. 2 NI                        |  |
|                            | Mother's Name   |   | Father's Nam                     | е  |
|                            | Emergency Contact (relationship to chi  | ld)   |                                  | Phone  |
| Fees:                      | Village/Town of Ulysses:Playscho  |   | nd Swim Bus (<br>nd Swim Bus (   |  |
| ~                          |   | . M. P. 176 Thomas  | 1 NIV 149                        | 286 Dandline                                 |

Send this completed form with correct fees to: Tom Major, Box 176, Trumansburg, NY  $\,$  14886. Deadline registration is June  $20^{th}$ . Add \$5 for a late fee after that date.

#### SUMMER RECREATION 2011 Swim Bus Form

Listed below is information for the SWIM BUS program which is sponsored by the Village of Trumansburg and held at Taughannock Falls State Park:

| Dates (weekdays): Times: Ages: Place: Director: Activities: Cancellations:  |   | :30pm to 3:00pm<br>ast have completed kinder<br>aghannock Falls State Park<br>c Murphy (387-7763)<br>ts & Crafts, Playground g<br>HCU Lite 97 by noon  | garten or be 6 year<br>k<br>ames, Sports, Field<br>Website by noon<br>to: Tom Major<br>Box 176                         |  |
|---|---|--|--|--|
| Busing: Buses will leave fr<br>12:30pm. Children must re<br>either stay at the lake or have   | eturn home on the bus u   | inless they have a written   | ately 12:45pm. L<br>note from their pa   | oading will start at<br>crents allowing them to  |
| Buddy program: Each childhave a partner (buddy). The a buddy check about every that all children have their buddy for them. This is verified the water for the rest of Refreshment stand: Childre counselors. It is recommen counselors. We must know only, not any other area of the What to wear: Children are footwear (no socks), a swear | ey must be with that per 15 minutes where all strouddy with them. Childry important—if a childry important—if a childry the day or possibly lower are allowed to go to add that they go with the where every child is a the park. | erson at all times when the wimmers come out of the dren may select their own is found without their bunger.  the refreshment stand only heir buddy. When they rest all times. Permission is wimming attire and to bring wimming wimming attire and to bring wimming attire and to bring wimming w | ey are in the water water and our country buddy or the country if they get permeturn, they must character to go to the | The lifeguards have unselors check to see unselors will select a be allowed to go back dission from their neck in with their refreshment stand with their name on it), |
| anni - aga an   | Detach and re   | eturn (save above informa  | tion)  |  |
|   | SWIM BU   | S REGISTRATION FOR   | M  |  |
| Name of Child   |   | Birth Date   | Age  | Phone  |
| Address   |   |  |  | Zip Code   |
| Mother's Name   |   |  | Father's Name  | :  |
| Emergency Conta   | et (relationship to child   | H)   |  | Phone  |
|   | Jlysses:Swim Bus  | 3 \ , , <u>.</u>   | l and Swim Bus (\$<br>l and Swim Bus (\$   |  |

Child's Swimming Level (circle one): Non-swimmer Beginner Intermediate Advanced

## SUPERVISED LUNCH PROGRAM 2011

A supervised lunch program will be offered again this summer. This program is only available for those children who attend BOTH the Playschool and Swim Bus programs. The lunch fits the gap between the end of Playschool (11:30 am) and the start of the swim bus program (12:30 pm). All food and drinks must be supplied by the parent.

To attend this supervised lunch program, children must pre-register. If you wish to have your child/children registered, please fill the form below and send it along with your Playschool/Swim Bus registration. All fees should be paid when registering.

| Name of child  | Dates attending  |
|--|--|
| Name of child  | Dates attending  |
| reality of orma  |  |
| Name of child  | Dates attending  |
| If attending all six weeks put ALL in the weeks by numbers (Week 1, 2, | n space above. If attending less than six weeks list 3, 4, 5, 6) |
| Week oneJune 27 thr  | u July 1   |
| Week twoJuly 5 thru  | ı July 8   |
| Week three July 11 thru  | July 15  |
| Week fourJuly 18 thr   | u July 22  |
| Week five July 25 thru   | July 29  |
| Week sixAugust 1 thru  | August 4 (last day picnic Aug 5)                                 |
| Fees: All six weeks \$25 or \$5 per                                    | week (per child)   |
| Total lunch fee  | Parents signature  |
| Note: No scholarships awarded fo                                       | r supervised lunch program.                                      |

# HEALTH HISTORY Please return this form with either the Playschool or Swim Bus Form

| IMMUNIZATIO                       | ON RECORD Indica   | te dates for the following   | 5.<br>3.                            |  | ,                              |
|-----------------------------------|--|--|-------------------------------------|--|--------------------------------|
| Diptheria                         | Rubella  | Tetanus  | Measles                             |  | •                              |
| Mumps                             | Pertussin  | Tuberculin Test _  | Polio _                             | ,                                      |                                |
| PLEASE CHEC                       | CK ALL THAT APPL   | <u>.Y:</u>   | , .                                 |  | •                              |
| Recurring Illnes                  | ses  | Allergies  |                                     | Diseases                               |                                |
| Ear Infections _                  |  | Hay Fever  | _                                   | Chicken Pox                            | ·                              |
| Heart Disease                     |  | Poison Ivy   | _                                   | Measles                                | ,<br>                          |
| Convulsions _                     |  | Insects  |                                     | Mumps                                  |                                |
| Diabetes                          | A., Ang annihinananya  | Penicillin   |                                     | Others                                 |                                |
| Asthma                            | and the second s | Other Drugs  |                                     |  | • ,                            |
| Seizures                          |  | Food (s)   |                                     |  |                                |
|                                   | non-particular de la companya de la   | •  |                                     | •                                      |                                |
| Family Physicia                   |  |  | Phone                               |  |                                |
| Family Dentist                    | ***  |  | Phone                               | -W                                     |                                |
| medication will                   | tions to be taken whi<br>be kept in the Direct<br>nis/her designee.  | e at PLAYSCHOOL / S<br>or's Office and will be se                                  | WIM BUS. Unle<br>elf-administered b | ss otherwise spec<br>y the child under | rified, all the supervision of |
| Drug                              |  | Amount   | Time                                |  |                                |
|                                   | ,  |  |                                     |  |                                |
| staff.                            |  | take the above medication  |                                     |  | lage Recreation                |
| Parent/Guardian                   | Signature  |  | Date                                | 3                                      | •                              |
| Please list any p                 | hysical or emotional   | conditions/factors which   | n may limit your c                  |  | •                              |
| emergency treat<br>emergency roon | m Bus and understand   | I that I will be contacted<br>inderstand that my child<br>on for the attending phy | will be transporte                  | ed to Cayuga Me                        | dical Center's                 |
| trained person.                   |  | receive first aid or CPR   |                                     |  | inistered by a                 |
| Parent/Guardian                   | Signature  |  | D                                   | ate                                    |                                |
|                                   |  | nission to pick up my ch   |                                     |  |                                |
| Name                              |  | Relatio  | onship                              |  |                                |
|                                   |  | Relatio  |                                     |  | ·                              |
|                                   |  | TT TO COURT ANALYSICS I TO   |                                     | *                                      |                                |

MY CHILD'S SWIMMING LEVEL (Please circle one)

#### DAY CARE PROGRAM 2011

#### VILLAGE OF TRUMANSBURG

#### REGISTRATION FORM

The program will run for six weeks, June 27 thru August 5 (weekdays) starting at 7:30 am, covering the hours before and in-between the Village's Playschool and Swim Bus programs, and ending at 5:30 pm. Cost will be \$100 per week (\$600 for all six weeks) The fees above include playschool and swim bus. A discount of \$90 per child will be offered to those who enroll for all six weeks (\$510, same fee as 2010). Fee for those who register for less than six weeks will be \$100 per week)

.NOTE: If you are registering for daycare the only forms to be sent in are this form and the health form (do not send in Playschool/Swim bus form) the correct fee must be sent in with this form. You will receive a letter of acceptance when forms and fees are received;

FEE: Either full fee( 6 weeks \$510) or one-half fee (\$255)
Less than 6 weeks(\$100 per week) or one-half fee for number of weeks attending

Any questions contact Tom Major(387-5127 or E-mail:tmajor001@twcny.rr.com Alternate person – Angela McLennan (387-5088)

Parent or Guardian

| a del del de la constanta de l |                                       |                              |
|--|---------------------------------------|------------------------------|
| Address  |                                       |                              |
| Home Phone Wo  | ų                                     |                              |
| E-mail   | · · · · · · · · · · · · · · · · · · · |                              |
| Child's Name   |                                       | Grade 9/11                   |
| Child's Name   | Birth Date                            | Grade 9/11                   |
| Note: To be eligible the child must<br>be 6 years old by July 1 <sup>st</sup> .  | have attended Kindergar               | ten this past school year or |
| Weeks of Program   | Child's name attend                   | ing each week                |
| Week 1 (June 27-July 1) Week 2(July 5-8) Week 3 (July 11-15) Week 4 (July 18-22) Week 5 (July 25-29)   |                                       |                              |
| Week 6 (Aug. 1-5)  |                                       |                              |

All forms mailed to: Tom Major, Box 176, Trumansburg, NY 14886

#### 2011 TRUMANSBURG SUMMER SPORT CAMPS

#### GRADES 3 Thru 8

The Village of Trumansburg will again offer a full range of sport camps for children. Please check grade level for each camp. Grade levels are based on children entering as of September 2010. Camps will be held at both the Middle and High school facilities. A complete staff of Trumansburg coaches will provide the instruction. All campers should wear clothing appropriate for the activity and bring any additional equipment necessary for that particular sport. If you have any questions contact instructors listed on the back of this sheet.

| FEE SCHEDULE   |  |                                    |
|--|--|------------------------------------|
| Village, Town of Ulysses, T-   | burg school taxpayer                   | \$30                               |
| All Other Areas  |  | \$40                               |
| Note: Late see after June 20 (a  | ıdd \$5.00)                            |                                    |
| amount. If your child/ children a checks for each camp. Do not in Send form below to: Tom Maj  Box 176  Trumansb | clude the sport camps fee with an      | ase send separate<br>ny other fee. |
| NAME   |  |                                    |
| Address  |  |                                    |
| Camps attending; 1   | Date of camp Date of camp Date of camp | Fee                                |
| Note: Separate checks for each   | 7                                      | Cotal \$                           |
| My child has had a Physical exar<br>participate in the above listed spo  |  | as been OK'd to                    |
|  | Parent's Signat                        | ure                                |